

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11		2				
12		1				
13		1				
14		1				
15		1				
16		2				
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18		1				
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39		1				
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41		2				
42		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	51					
TOTAL CLAIMS	53					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						